

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	2					
4	1					
5	1					
6	2					
7	1					
8	2					
9	2					
10	2					
11	2					
12	2					
13	1					
14	1					
15	1					
16	1					
17	2					
18	1					
19	1					
20	1					
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TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						